

61-03-00

PTO/SB/05 (2-98)

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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

17207-00005

First Named Inventor or Application Identifier

Balwinder S. Samra and  
Oumar Nabe

Title

METHODS AND SYSTEMS FOR CREATING MODELS FOR  
MARKETING CAMPAIGNS

Express Mail Label No.

EL319728023US

Only for new nonprovisional applications under 37 CFR 1.53(b)

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- 1.
- ☒
- Fee Transmittal Form (e.g., PTO/SB/17)
- 
- (Submit an original, and a duplicate for fee processing)

[Total Pages] 11

- 2.
- ☒
- Specification
- 
- (Preferred arrangement set forth below)
- 
- Descriptive title of the invention
- 
- Cross References to Related Applications
- 
- Statement Regarding Fed sponsored R & D
- 
- Reference to Microfiche Appendix
- 
- Background of the Invention
- 
- Brief Summary of the Invention
- 
- Brief Description of the Drawings (if filed)
- 
- Detailed Description
- 
- Claim(s)
- 
- Abstract of the Disclosure

- 3.
- ☒
- Drawing(s) (35 USC 113)

[Total Sheets] 8

4. Oath or Declaration

[Total Pages]

- a.
- ☐
- Newly executed (original or copy)
- 
- b.
- ☐
- Copy from a prior application (37 CFR 1.63(d))
- 
- (for continuation/divisional with Box 17 completed)
- 
- [Note Box 5 below]
- 
- i.
- ☐
- DELETION OF INVENTOR(S)
- 
- Signed statement attached deleting inventor(s) named
- 
- in the prior application, see 37 CFR 1.63(d)(2) and
- 
- 1.33(b).

- 5.
- ☐
- Incorporation by Reference (useable if Box 4b is checked)
- 
- The entire disclosure of the prior application, from which a copy of the
- 
- oath or declaration is supplied under Box 4b, is considered as being part
- 
- of the disclosure of the accompanying application and is hereby
- 
- incorporated by reference therein.

- 6.
- ☐
- Microfiche Computer Program (Appendix)
- 
- 7.
- ☐
- Nucleotide and/or Amino Acid Sequence Submission
- 
- (if applicable, all necessary)
- 
- a.
- ☐
- Computer Readable Copy
- 
- b.
- ☐
- Paper Copy (identical to computer copy)
- 
- c.
- ☐
- Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- 8.
- ☐
- Assignment Papers (cover sheet & document(s))
- 
- 9.
- ☐
- 37 CFR 3.73(b) Statement (when there is an assignee)
- ☐
- Power of Attorney
- 
- 10.
- ☐
- English Translation Document (if applicable)
- 
- 11.
- ☐
- Information Disclosure Statement (IDS) PTO-1449
- ☐
- Copies of IDS Citations
- 
- 12.
- ☐
- Preliminary Amendment
- 
- 13.
- ☒
- Return Receipt Postcard (MPEP 503)
- 
- (Should be specifically itemized)
- 
- 14.
- ☐
- Small Entity Statement(s) (PTO/SB/09-12)
- ☐
- Statement filed in prior application,
- 
- Status still proper and desired
- 
- 15.
- ☐
- Certified Copy of Priority Document(s)
- 
- (If foreign priority is claimed)
- 
- 16.
- ☒
- Other: EXPRESS MAIL CERTIFICATE & DECLARATION AND POWER
- 
- OF ATTORNEY (FOR IDENTIFICATION OF INVENTOR ONLY)

NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL  
ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR  
APPLICATION IS RELIED UPON (37 C.F.R. §1.28).

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

of prior application No:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
Prior application information: Examiner: Group/Art Unit:

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|                   |                    |                                   |          |
|-------------------|--------------------|-----------------------------------|----------|
| Name (Print/type) | John S. Beulick    | Registration No. (Attorney/Agent) | 33,338   |
| Signature         | <i>[Signature]</i> | Date                              | 12/29/99 |

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| <b>FEE TRANSMITTAL</b>  |                                   | <i>Complete if Known</i>  |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |
|---|-----------------------------------|---|--|--------------------|--|-------------|--|----------------------|-----------------------------------|----------------|--|---------------|--|------------------------|-------------|
| <p style="text-align: center; font-size: small;">Patent fees are subject to annual revision on October 1.<br/>These are the fees effective October 1, 1997.<br/>Small entity payments <u>must</u> be supported by a small entity statement, otherwise<br/>large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</p> |                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td></td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Balwinder S. Samra and Oumar Nabe</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit</td> <td></td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td></td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">17207-00005</td> </tr> </table> |  | Application Number |  | Filing Date |  | First Named Inventor | Balwinder S. Samra and Oumar Nabe | Group Art Unit |  | Examiner Name |  | Attorney Docket Number | 17207-00005 |
| Application Number  |                                   |   |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |
| Filing Date   |                                   |   |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |
| First Named Inventor  | Balwinder S. Samra and Oumar Nabe |   |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |
| Group Art Unit  |                                   |   |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |
| Examiner Name   |                                   |   |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |
| Attorney Docket Number  | 17207-00005                       |   |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |
| TOTAL AMOUNT OF PAYMENT   | (\$)690.00                        |   |  |                    |  |             |  |                      |                                   |                |  |               |  |                        |             |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)   |                |                 |  |                                       |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
|---|---|----------------|-----------------|--|---------------------------------------|-----------------|----------|-----|-----|-----|-----|-------------------------------------|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|---------------------------|----------------------|-----|-------|-----|-------|--|----------------------|-----|------|-----|------|--|----------------------|--------------|--------|-----|--------|---|---------------------------------------|-----|-----|-------|----------------|--|----------------------|-----------|-----|-----|-----|---|----------------------|-----|-----|-----|---------------------------|--|----------------------|-----|-------|----------------|-----------------|---|----------------------|-----------------|----------|-----|-------|--|----------------------|------------------------|----------------------|-----|-----|------------------|----------------------|-----------------------------------|----------------------|-----|-----|--|----------------------|--------------------------|----------------------|-----|-----|--------------------------|----------------------|---|----------------------|-----|-------|---|----------------------|---|----------------------|--------------|----|----------------------------------|----------------------|-----|-------------------------------------|-----|-----|------------------------------------|----------------------|-----|-------|-----|-----|--------------------------------|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----------------|----------------------|-----|-----|-----|-----|-------------------------------|----------------------|-----|----|-----|----|---|----------------------|-----|-----|-----|-----|---------------------------|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|---------------------------|--|--|--|--|----------------------|---------------------------|--|--|--|--|----------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px 20px;">01-2384</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px 20px;"></span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.16 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p>  | <p>3. ADDITIONAL FEES</p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee Code</th> <th>Small Fee Code</th> <th>Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td><input type="text"/></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td><input type="text"/></td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td><td>Extension for reply within third month</td><td><input type="text"/></td></tr> <tr><td>118</td><td>1,510</td><td>218</td><td>755</td><td>Extension for reply within fourth month</td><td><input type="text"/></td></tr> <tr><td>128</td><td>2,060</td><td>228</td><td>1,030</td><td>Extension for reply within fifth month</td><td><input type="text"/></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td><input type="text"/></td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td><td>Petition to revive - unintentional</td><td><input type="text"/></td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td><td>Utility issue fee (or reissue)</td><td><input type="text"/></td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td><td>Design issue fee</td><td><input type="text"/></td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td><td>Plant issue fee</td><td><input type="text"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="text"/></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information</td><td><input type="text"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="text"/></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td><input type="text"/></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td><input type="text"/></td></tr> </tbody> </table> <p>*Reduced by Basic Filing Fee Paid      SUBTOTAL (3) (\$) 0</p> | Large Fee Code | Entity Fee Code | Small Fee Code   | Entity Fee Code                       | Fee Description | Fee Paid | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50  | 227 | 25  | Surcharge-late provisional filing fee or cover sheet | <input type="text"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="text"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | <input type="text"/> | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113          | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/>                  | 115 | 110 | 215   | 55             | Extension for reply within first month | <input type="text"/> | 116       | 400 | 216 | 200 | Extension for reply within second month | <input type="text"/> | 117 | 950 | 217 | 475                       | Extension for reply within third month | <input type="text"/> | 118 | 1,510 | 218            | 755             | Extension for reply within fourth month | <input type="text"/> | 128             | 2,060    | 228 | 1,030 | Extension for reply within fifth month | <input type="text"/> | 119                    | 310                  | 219 | 155 | Notice of Appeal | <input type="text"/> | 120                               | 310                  | 220 | 155 | Filing a brief in support of an appeal | <input type="text"/> | 121                      | 270                  | 221 | 135 | Request for oral hearing | <input type="text"/> | 138   | 1,510                | 138 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> | 140   | 110                  | 240          | 55 | Petition to revive - unavoidable | <input type="text"/> | 141 | 1,320                               | 241 | 660 | Petition to revive - unintentional | <input type="text"/> | 142 | 1,320 | 242 | 660 | Utility issue fee (or reissue) | <input type="text"/> | 143 | 450 | 243 | 225 | Design issue fee | <input type="text"/> | 144 | 670 | 244 | 335 | Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="text"/> | 126 | 240 | 126 | 240 | Submission of Information | <input type="text"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> | Other fee (specify) _____ |  |  |  |  | <input type="text"/> | Other fee (specify) _____ |  |  |  |  | <input type="text"/> |
| Large Fee Code  | Entity Fee Code   | Small Fee Code | Entity Fee Code | Fee Description  | Fee Paid                              |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 105   | 130   | 205            | 65              | Surcharge - late filing fee or oath  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 127   | 50  | 227            | 25              | Surcharge-late provisional filing fee or cover sheet                       | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 139   | 130   | 139            | 130             | Non-English specification  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 147   | 2,520   | 147            | 2,520           | For filing a request for reexamination                                     | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 112   | 920*  | 112            | 920*            | Requesting publication of SIR prior to Examiner action                     | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 113   | 1,840*  | 113            | 1,840*          | Requesting publication of SIR after Examiner action                        | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 115   | 110   | 215            | 55              | Extension for reply within first month                                     | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 116   | 400   | 216            | 200             | Extension for reply within second month                                    | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 117   | 950   | 217            | 475             | Extension for reply within third month                                     | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 118   | 1,510   | 218            | 755             | Extension for reply within fourth month                                    | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 128   | 2,060   | 228            | 1,030           | Extension for reply within fifth month                                     | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 119   | 310   | 219            | 155             | Notice of Appeal   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 120   | 310   | 220            | 155             | Filing a brief in support of an appeal                                     | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 121   | 270   | 221            | 135             | Request for oral hearing   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 138   | 1,510   | 138            | 1,510           | Petition to institute a public use proceeding                              | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 140   | 110   | 240            | 55              | Petition to revive - unavoidable   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 141   | 1,320   | 241            | 660             | Petition to revive - unintentional   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 142   | 1,320   | 242            | 660             | Utility issue fee (or reissue)   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 143   | 450   | 243            | 225             | Design issue fee   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 144   | 670   | 244            | 335             | Plant issue fee  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 122   | 130   | 122            | 130             | Petitions to the Commissioner  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 123   | 50  | 123            | 50              | Petitions related to provisional applications                              | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 126   | 240   | 126            | 240             | Submission of Information  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 581   | 40  | 581            | 40              | Recording each patent assignment per property (times number of properties) | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 146   | 790   | 246            | 395             | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 149   | 790   | 249            | 395             | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| Other fee (specify) _____   |   |                |                 |  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| Other fee (specify) _____   |   |                |                 |  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| <p style="text-align: center; font-weight: bold;">FEE CALCULATION</p> <p>1. FILING FEE</p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee Code</th> <th>Small Fee Code</th> <th>Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>790</td><td>201</td><td>395</td><td>Utility filing fee</td><td><input type="text"/></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td><input type="text"/></td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td><input type="text"/></td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td><input type="text"/></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td><input type="text"/></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td><input type="text" value="(\$) 690"/></td></tr> </tbody> </table> <p>2. CLAIMS</p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2"></th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>18 - 20 =</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>2 - 3 =</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee Code</th> <th>Small Fee Code</th> <th>Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>22</td><td>201</td><td>11</td><td>Claims in excess of 20</td><td><input type="text"/></td></tr> <tr><td>102</td><td>82</td><td>202</td><td>41</td><td>Independent claims in excess of 3</td><td><input type="text"/></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td><td><input type="text"/></td></tr> <tr><td>109</td><td>82</td><td>209</td><td>41</td><td>Reissue independent claims over original patent</td><td><input type="text"/></td></tr> <tr><td>110</td><td>22</td><td>210</td><td>11</td><td>Reissue claims in excess of 20 and over original patent</td><td><input type="text"/></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td><input type="text" value="(\$) 0"/></td></tr> </tbody> </table> |   | Large Fee Code | Entity Fee Code | Small Fee Code   | Entity Fee Code                       | Fee Description | Fee Paid | 101 | 790 | 201 | 395 | Utility filing fee                  | <input type="text"/> | 106 | 330 | 206 | 165 | Design filing fee                                    | <input type="text"/> | 107 | 540 | 207 | 270 | Plant filing fee          | <input type="text"/> | 108 | 790   | 208 | 395   | Reissue filing fee                     | <input type="text"/> | 114 | 150  | 214 | 75   | Provisional filing fee                                 | <input type="text"/> | SUBTOTAL (1) |        |     |        |   | <input type="text" value="(\$) 690"/> |     |     | Extra | Fee from below | Fee Paid                               | Total Claims         | 18 - 20 = | 0   | 18  | 0   | Independent Claims                      | 2 - 3 =              | 0   | 0   | 0   | Multiple Dependent Claims |  |                      |     |       | Large Fee Code | Entity Fee Code | Small Fee Code                          | Entity Fee Code      | Fee Description | Fee Paid | 103 | 22    | 201                                    | 11                   | Claims in excess of 20 | <input type="text"/> | 102 | 82  | 202              | 41                   | Independent claims in excess of 3 | <input type="text"/> | 104 | 270 | 204                                    | 135                  | Multiple dependent claim | <input type="text"/> | 109 | 82  | 209                      | 41                   | Reissue independent claims over original patent | <input type="text"/> | 110 | 22    | 210   | 11                   | Reissue claims in excess of 20 and over original patent | <input type="text"/> | SUBTOTAL (2) |    |                                  |                      |     | <input type="text" value="(\$) 0"/> |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| Large Fee Code  | Entity Fee Code   | Small Fee Code | Entity Fee Code | Fee Description  | Fee Paid                              |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 101   | 790   | 201            | 395             | Utility filing fee   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 106   | 330   | 206            | 165             | Design filing fee  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 107   | 540   | 207            | 270             | Plant filing fee   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 108   | 790   | 208            | 395             | Reissue filing fee   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 114   | 150   | 214            | 75              | Provisional filing fee   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| SUBTOTAL (1)  |   |                |                 |  | <input type="text" value="(\$) 690"/> |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
|   |   | Extra          | Fee from below  | Fee Paid   |                                       |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| Total Claims  | 18 - 20 =   | 0              | 18              | 0  |                                       |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| Independent Claims  | 2 - 3 =   | 0              | 0               | 0  |                                       |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| Multiple Dependent Claims   |   |                |                 |  |                                       |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| Large Fee Code  | Entity Fee Code   | Small Fee Code | Entity Fee Code | Fee Description  | Fee Paid                              |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 103   | 22  | 201            | 11              | Claims in excess of 20   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 102   | 82  | 202            | 41              | Independent claims in excess of 3  | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 104   | 270   | 204            | 135             | Multiple dependent claim   | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 109   | 82  | 209            | 41              | Reissue independent claims over original patent                            | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| 110   | 22  | 210            | 11              | Reissue claims in excess of 20 and over original patent                    | <input type="text"/>                  |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |
| SUBTOTAL (2)  |   |                |                 |  | <input type="text" value="(\$) 0"/>   |                 |          |     |     |     |     |                                     |                      |     |     |     |     |  |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |      |     |      |  |                      |              |        |     |        |   |                                       |     |     |       |                |  |                      |           |     |     |     |   |                      |     |     |     |                           |  |                      |     |       |                |                 |   |                      |                 |          |     |       |  |                      |                        |                      |     |     |                  |                      |                                   |                      |     |     |  |                      |                          |                      |     |     |                          |                      |   |                      |     |       |   |                      |   |                      |              |    |                                  |                      |     |                                     |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |  |                      |                           |  |  |  |  |                      |

| SUBMITTED BY          |                 |      |          | Complete (if applicable) |        |
|-----------------------|-----------------|------|----------|--------------------------|--------|
| Typed or Printed Name | John S. Beulick |      |          | Reg. Number              | 33,338 |
| Signature             |                 | Date | 12/29/99 | Deposit Account User ID  |        |

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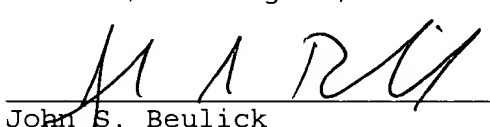
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I certify that the attached complete utility patent Application of **BALWINDER S. SAMRA and OUMAR NABE** for **METHODS AND SYSTEMS FOR CREATING MODELS FOR MARKETING CAMPAIGNS**, including:

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- Fee Transmittal (in duplicate) (1 page)
- Eight (8) pages of specification; two (2) pages of claims; one (1) page of abstract
- Eight (8) sheets of drawings
- Declaration and Power of Attorney (2 pages)  
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